

IMPACT THROUGH EDUCATION

APPLICATION FOR FINANCIAL ASSISTANCE

Affix a recent Passport size Photo

1.	Name of the Applicant	: Mr./ Ms.
2.	Date of Birth	:
3.	Name of Father / Guardian	:
4.	Occupation of the Father / Guardian	:
5.	Family income per annum (attach certificate from Employer / Tahsildar)	
6.	No. of Dependents in Family	:
7.	Mailing Address &Phone No. (copy of Ration Card to be attached)	:
8.	Type of Assistance	: Direct to School / Reimbursement o fees / Meritorious Scholarship
9.	Education Details	:
	a)Name of the School / College (attach proof)	:
	b)Class / Course of Study	:
	c)Course fee paid previous academic year (attach proof)	:
	d)Course fee for current academic year	:

10.	Any other application made already	<i>,</i> :
11.	Any other scholarships / assistance availed with amount	:
12.	Recommended by	:
here	I,eby confirm that the details given abo	S/o / D/odo ove are true and correct.
		Signature of the Applicant
		Signature of the Parent / Guardian
	FOR OFFI	CE USE ONLY
Rec	eived on :	
Pas	sed by :	
Amo	ount sanctioned :	
Che	que No. and Date :	
Othe	er details :	